

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10743671

FILING DATE 12-24-00

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		2				
7		2				
8	1					
9		1				
10		1				
11		1				
12		1				
13		2				
14		2				
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	14					
TOTAL CLAIMS	16					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						